

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15679**

FILED JUN 15 1955

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 211	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY OR TOWN Independence		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY OR TOWN Independence		d. Is Residence within limits of city or incorporated town? No	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Independence Sanitorium				e. STREET ADDRESS (If rural, give location) Jones Rd. Rt. 3 - 7009			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) A		c. (Last) Brosam		4. DATE OF DEATH (Month) (Day) (Year) June 6 - 1955	
5. SEX Male		6. COLOR OR RACE Cauc		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan - 22 - 1888	
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months 4 Days 12		10. IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State, or Foreign Country) Elmhurst Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Brosam		13b. MOTHER'S MAIDEN NAME Anne		14. NAME OF HUSBAND OR WIFE Cassie Brosam			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cassie Brosam Indep. Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage ANTECEDENT CAUSES Due to (b) Crushed Chest Sustained Due to (c) Lacerated Rt. Femur II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson no			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-6-55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Crackdown turned over on			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh A. Owens Carmer				23b. ADDRESS 1034 Plato Bldg		23c. DATE SIGNED 6-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June - 8 - 1955		24c. NAME OF CEMETERY OR CREMATORY Quincy Slope		24d. LOCATION (City, town, or county) (State) Richmond Missouri	
DATE REC'D BY LOCAL REG. 6-8-55		REGISTRAR'S SIGNATURE Emery		25. FUNERAL DIRECTOR'S SIGNATURE Poland R. Peaks		ADDRESS Indep Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 6 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Raymond M. Hardy

Licensed Embalmer No. *491*

P. O. Address *Indep.,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.